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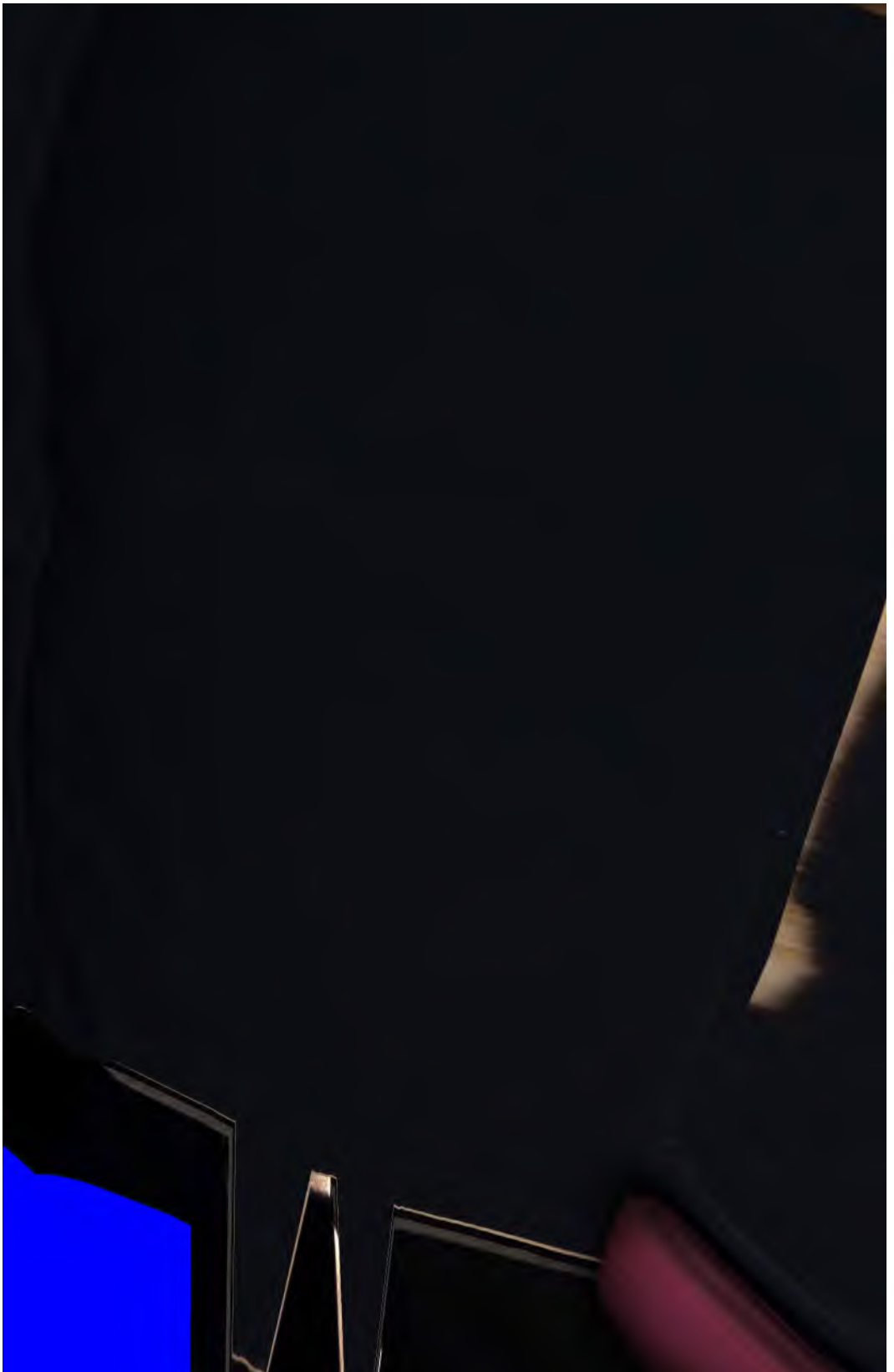
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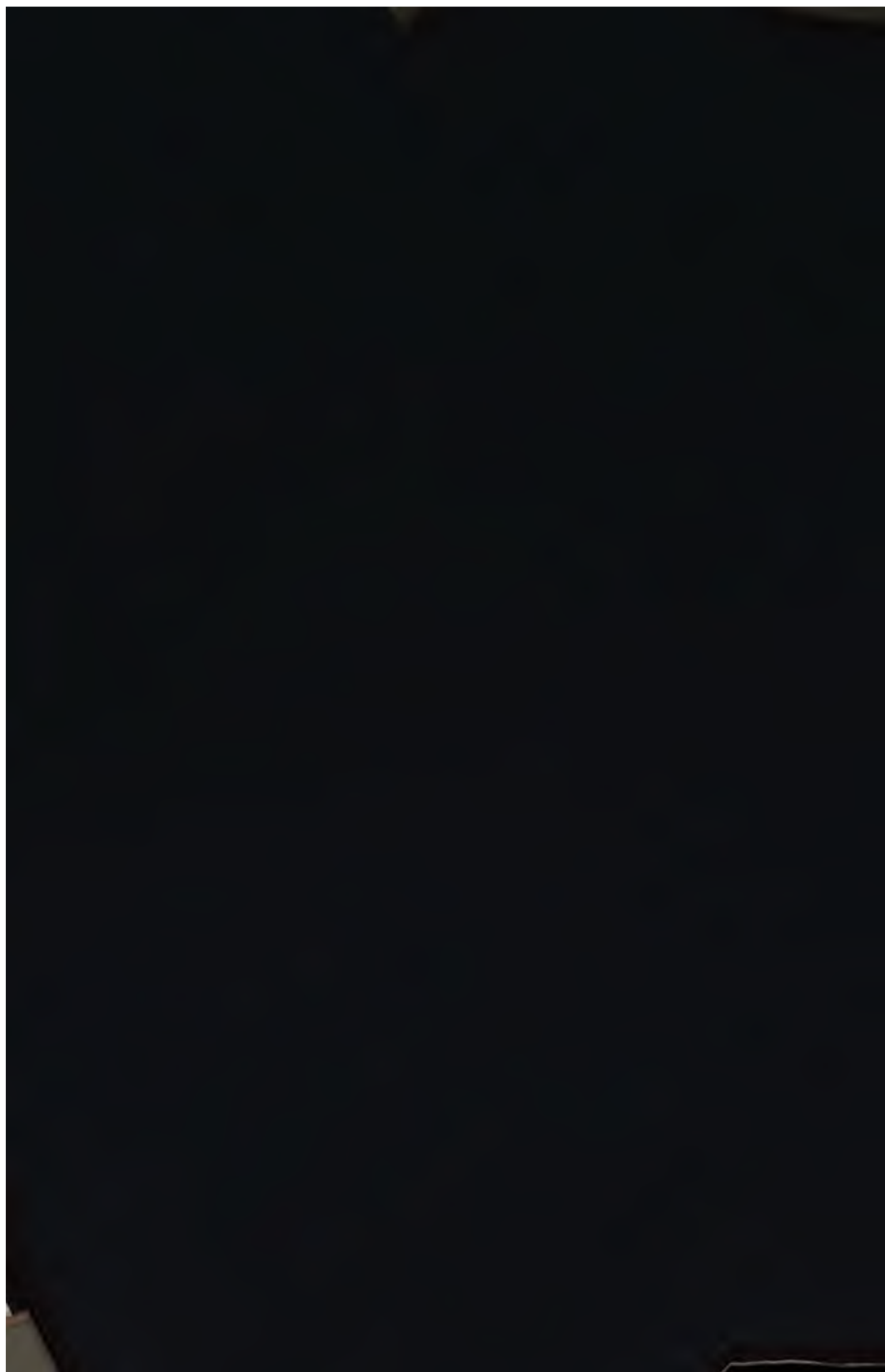
HOSPITAL HYGIENE.

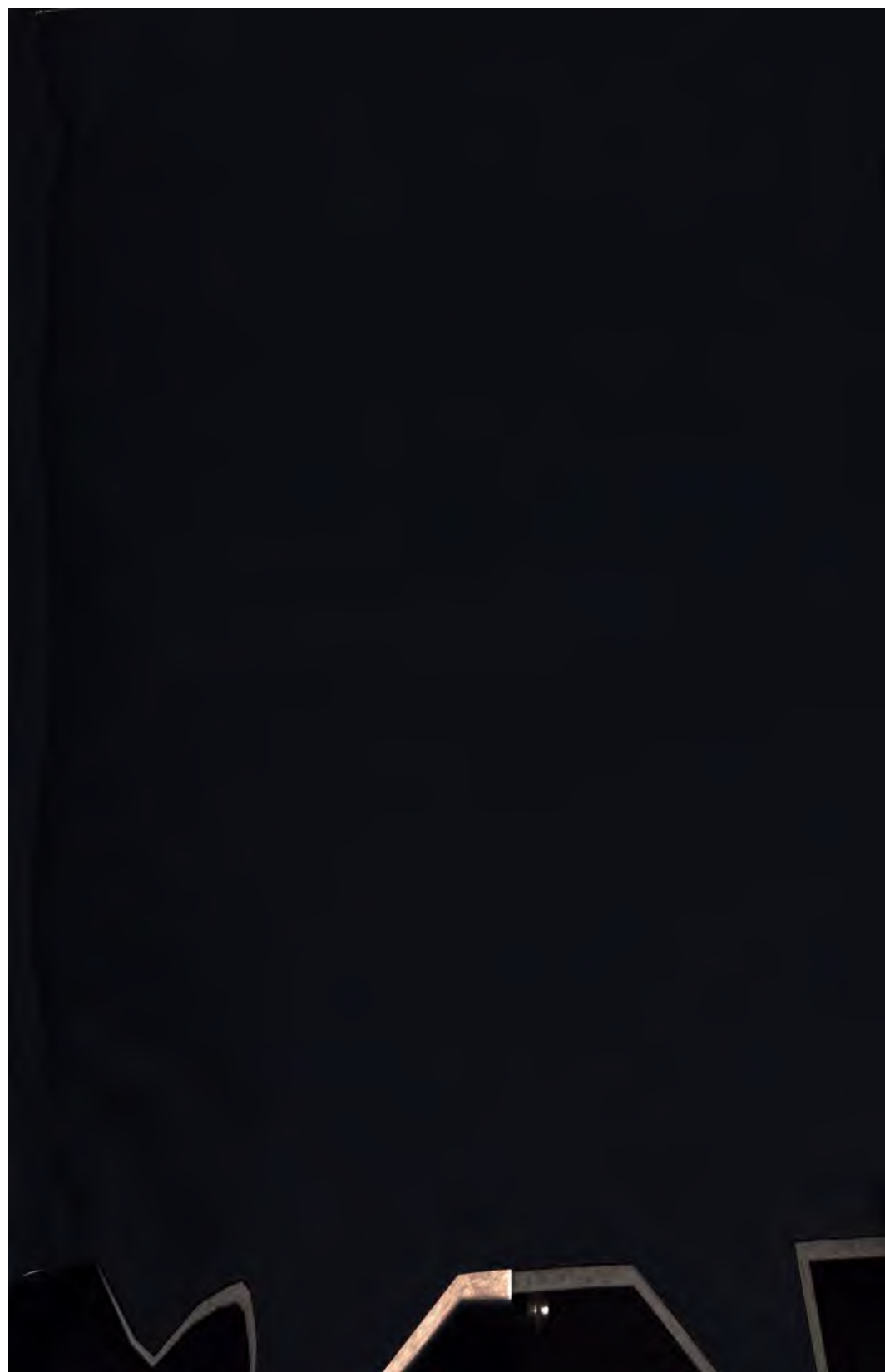


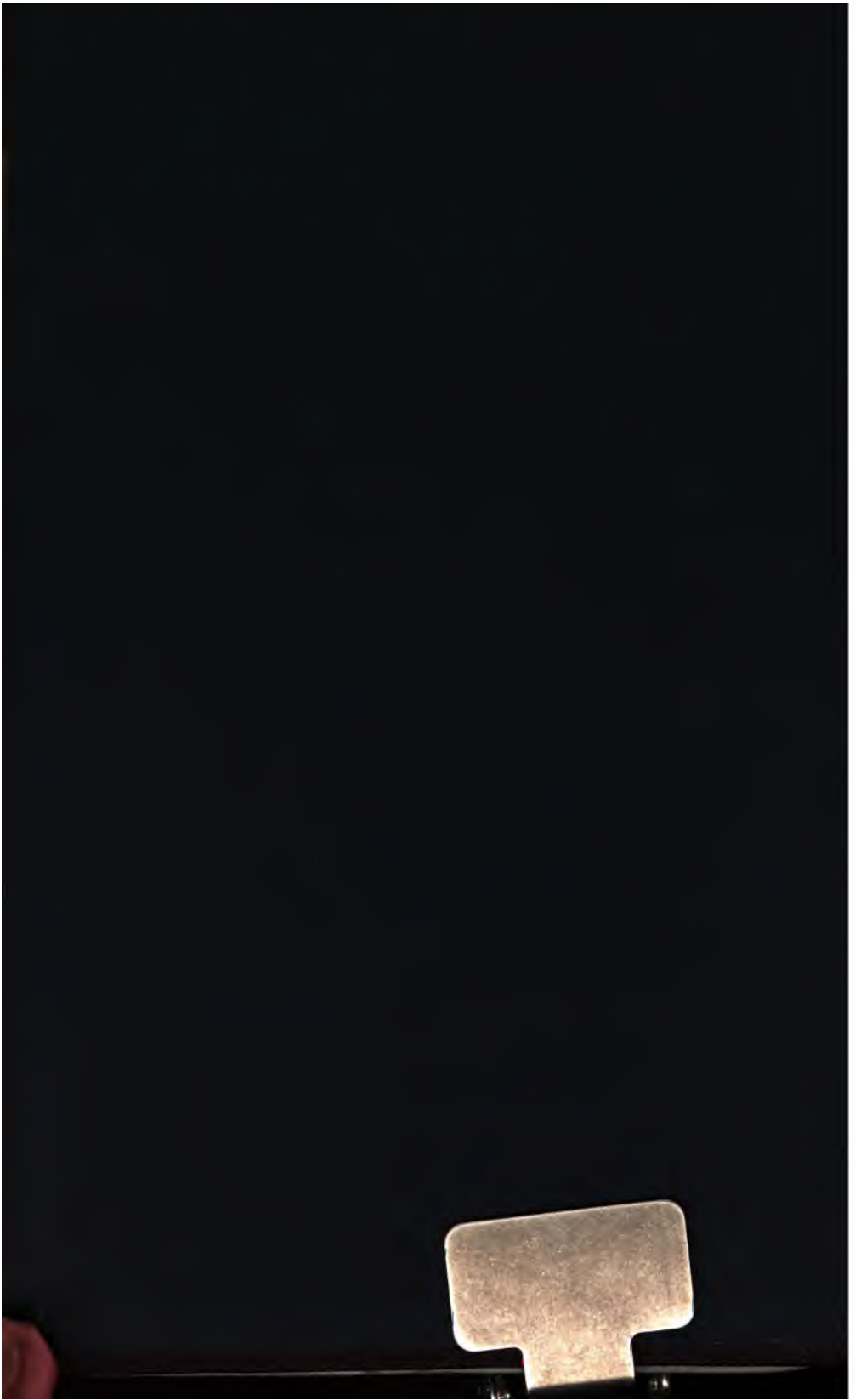
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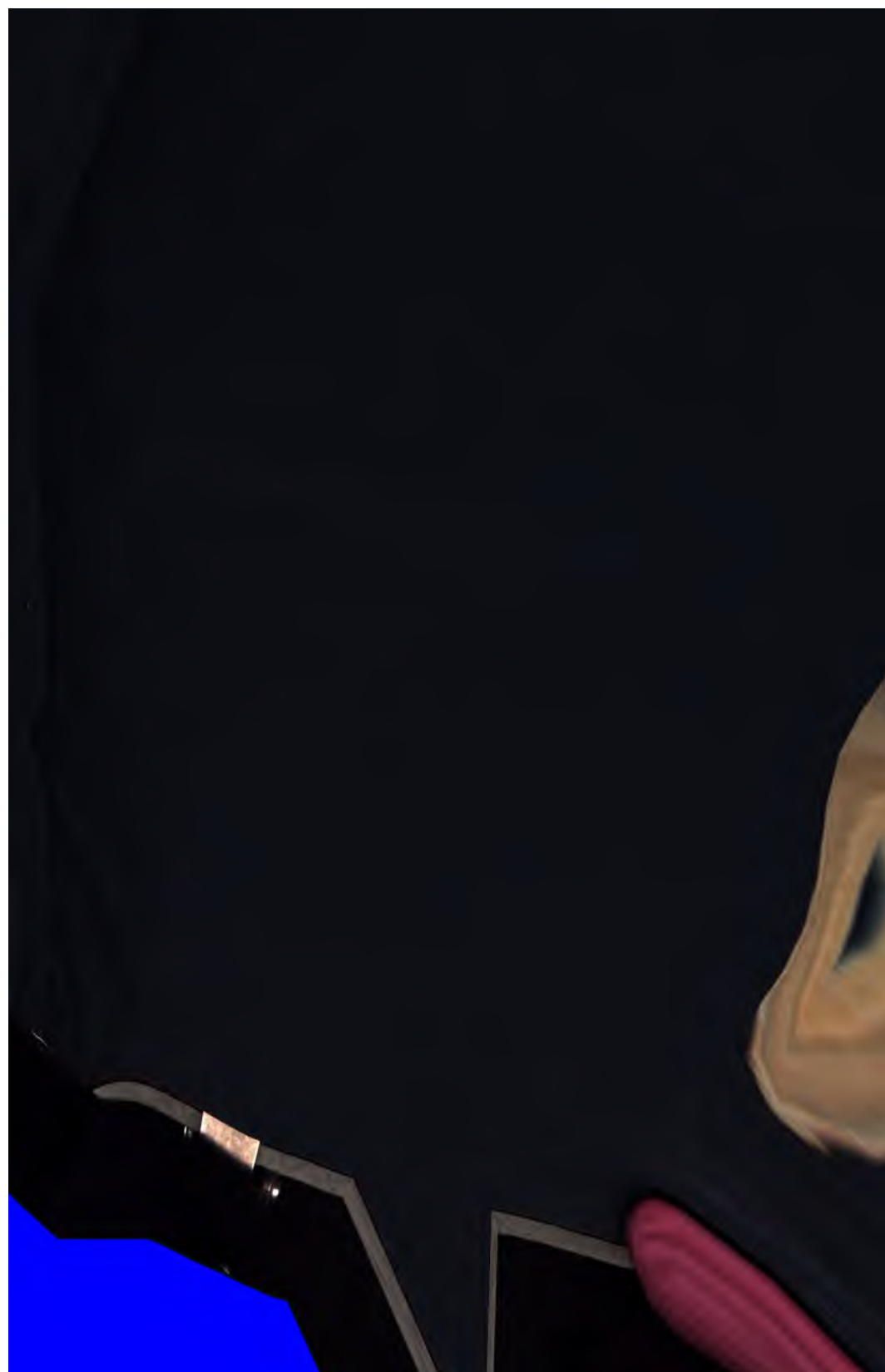


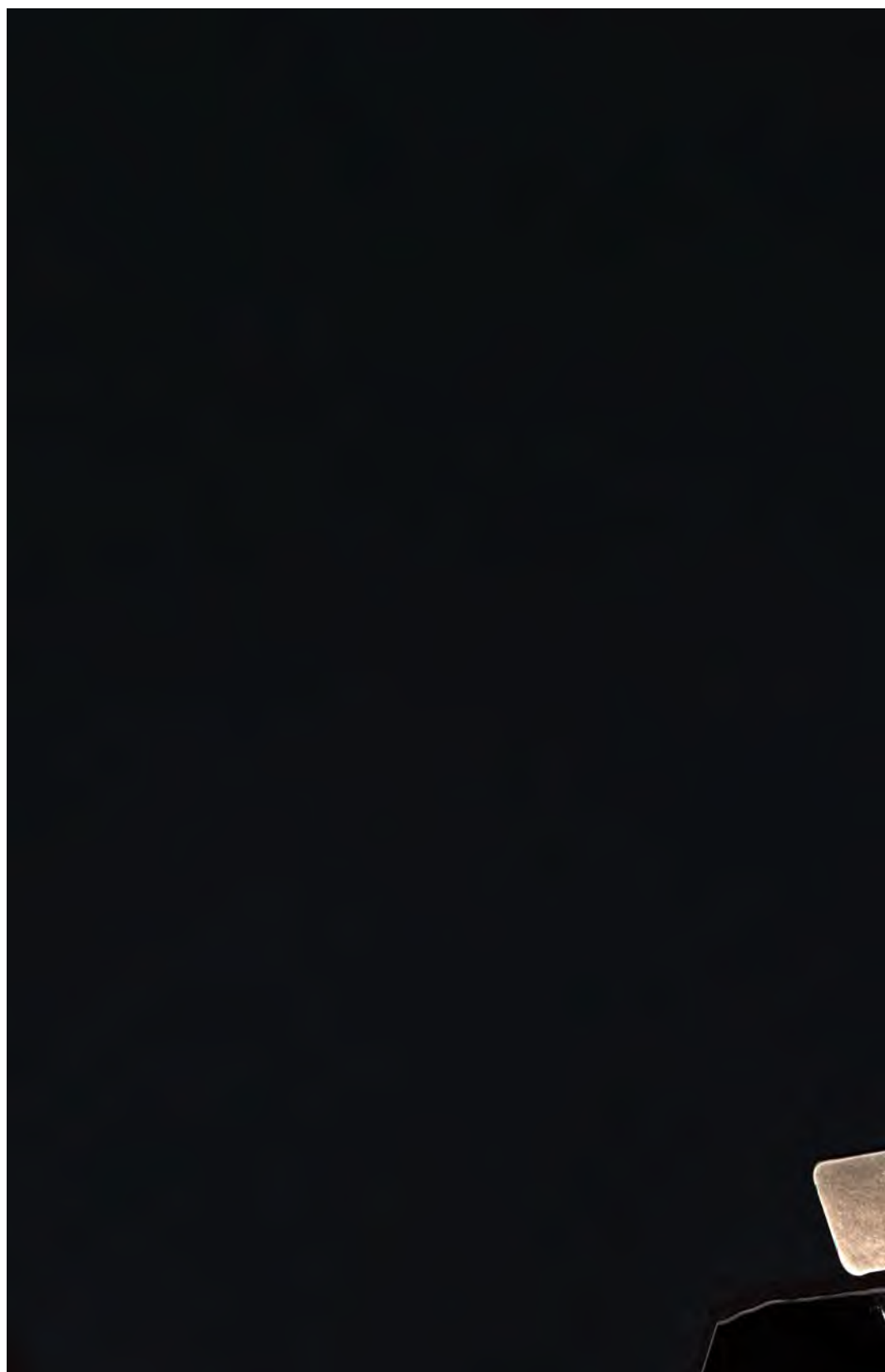


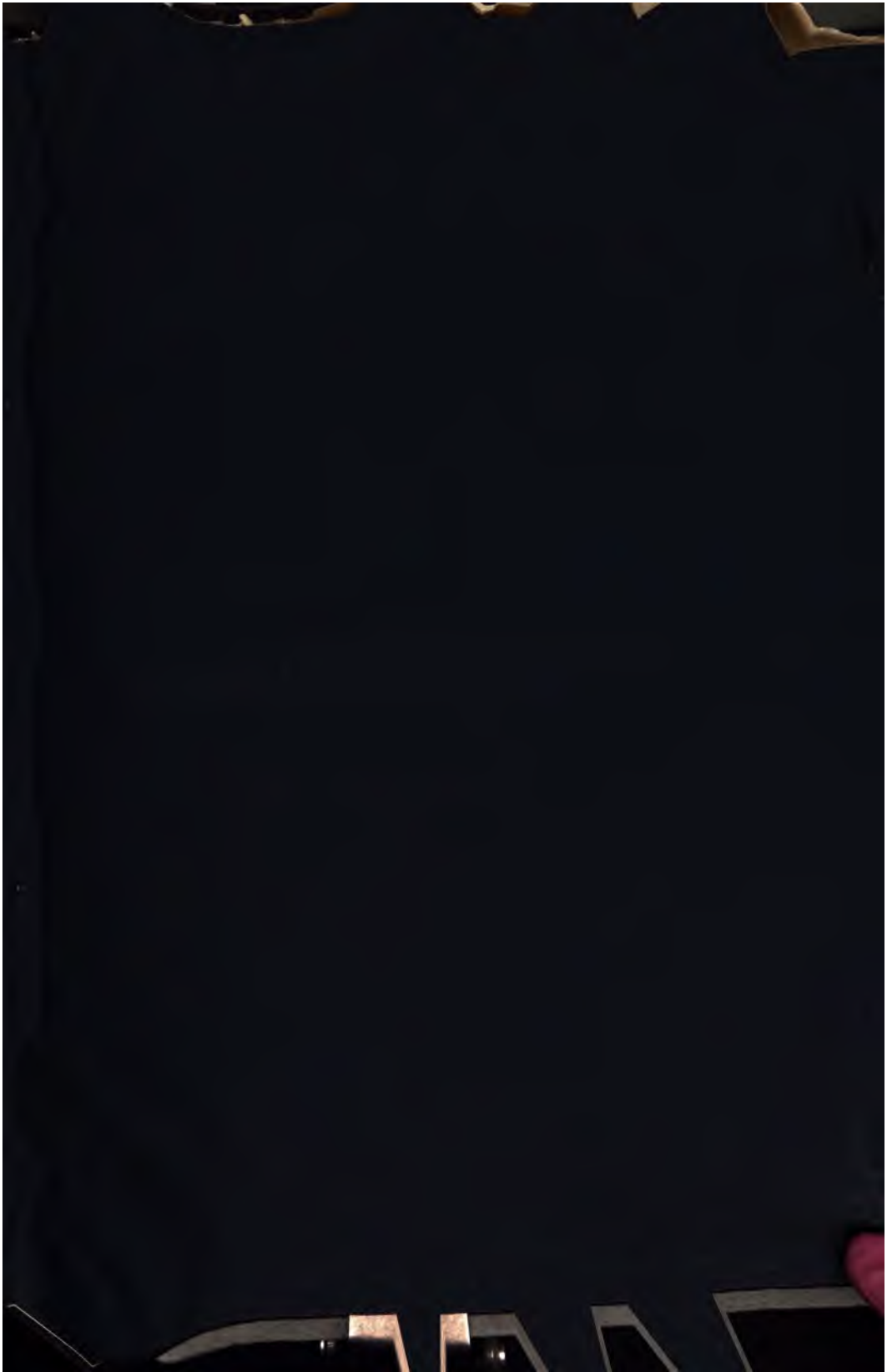


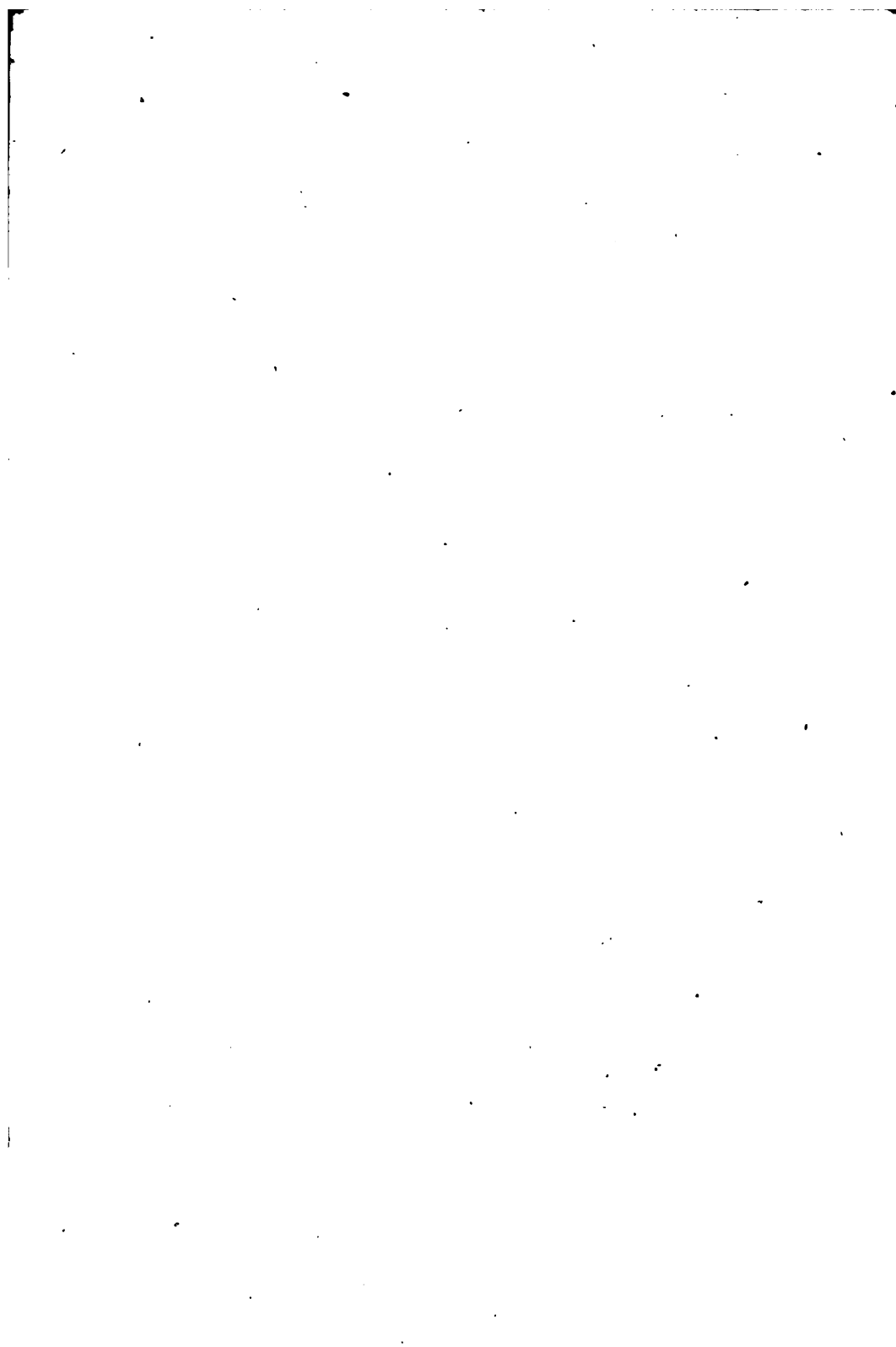












HOSPITAL HYGIENE

BEING THE

ANNUAL ADDRESS

TO THE

SOUTHAMPTON MEDICAL SOCIETY

1872

HOSPITAL HYGIENE

BEING THE

ANNUAL ADDRESS

TO THE

SOUTHAMPTON MEDICAL SOCIETY

DELIVERED BY THE PRESIDENT

CHARLES LANGSTAFF, M.D., M.R.C.S.E.

SURGEON TO THE ROYAL SOUTH HAMPS INFIIRMARY, AND
MEDICAL OFFICER IN CHARGE OF ROYAL ENGINEERS, AND CIVILIANS ORDNANCE SURVEY;
MEDICAL OFFICER TO THE HAMPS FEMALE ORPHAN ASYLUM, ETC. ETC.

FEBRUARY, 1872



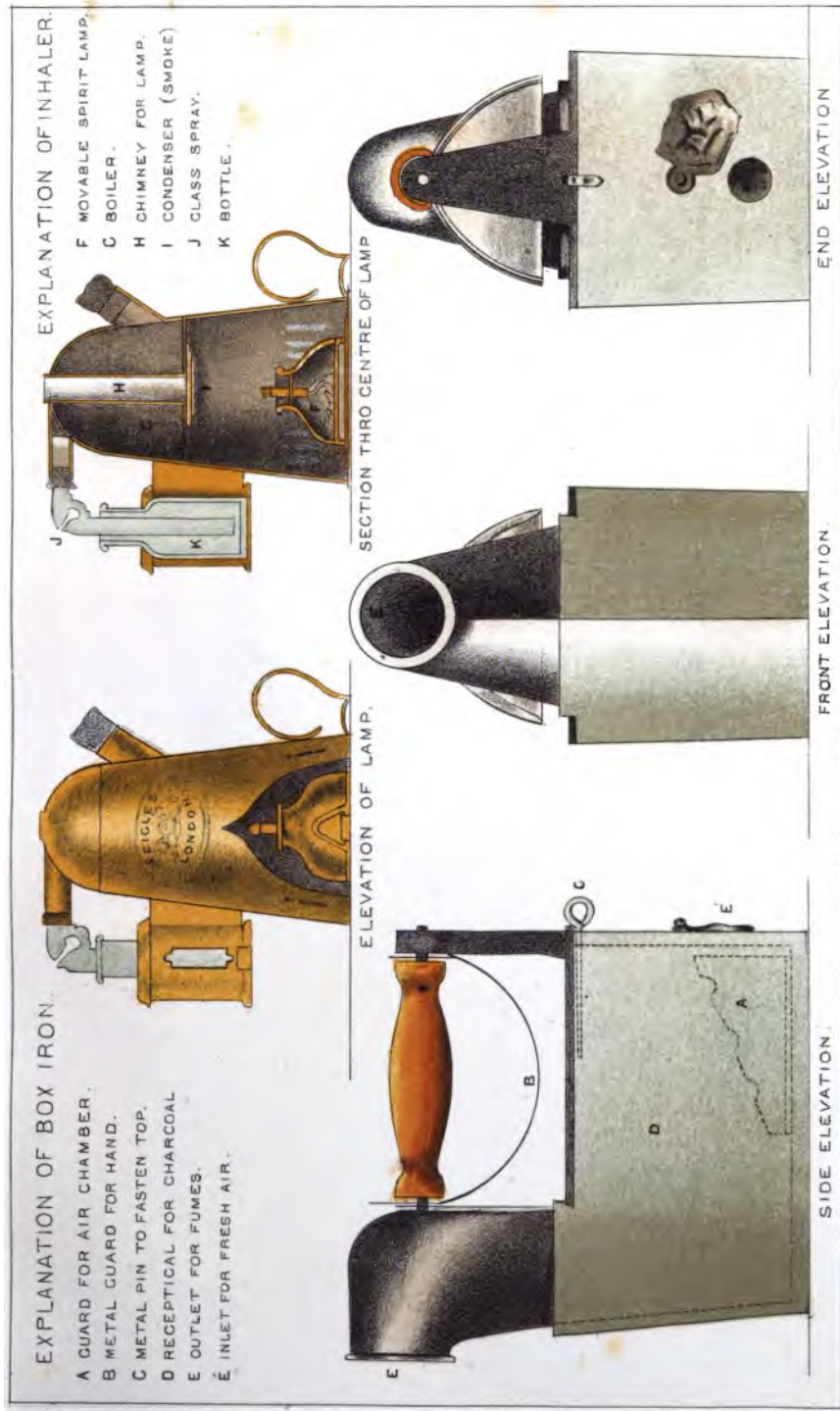
LONDON:

J. AND A. CHURCHILL, NEW BURLINGTON STREET

1872

151. m. 213.

ELEVATION OF BOX IRON.ELEVATION & SECTION OF ADAMS' INHALER. PLATE N°1

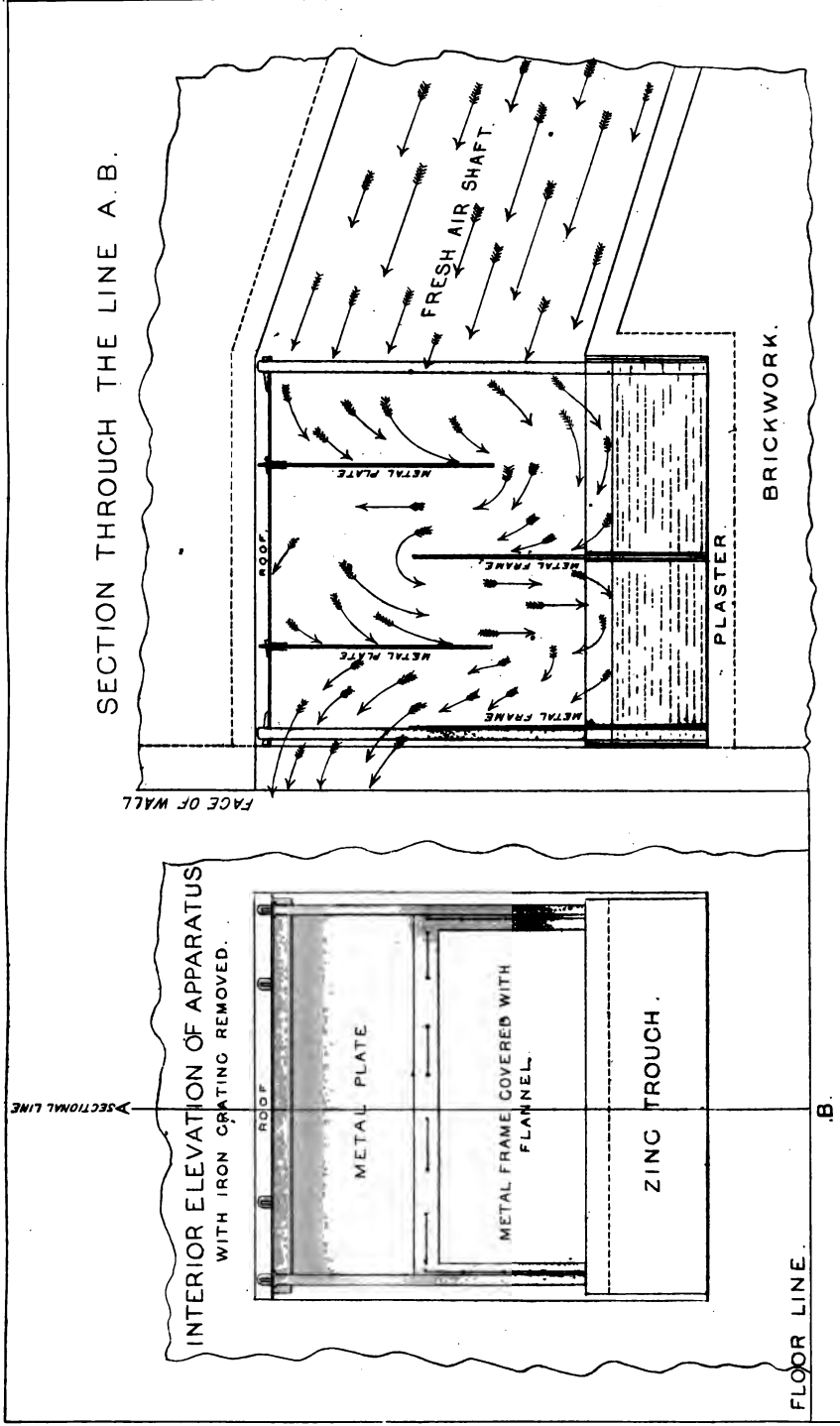


HANMART. LITH

SCALE FOR BOX IRON THREE INCHES TO THE FOOT.
SCALE FOR INHALER FOUR INCHES TO THE FOOT.

MOIST VENTILATING APPARATUS.

PLATE N^o. II.



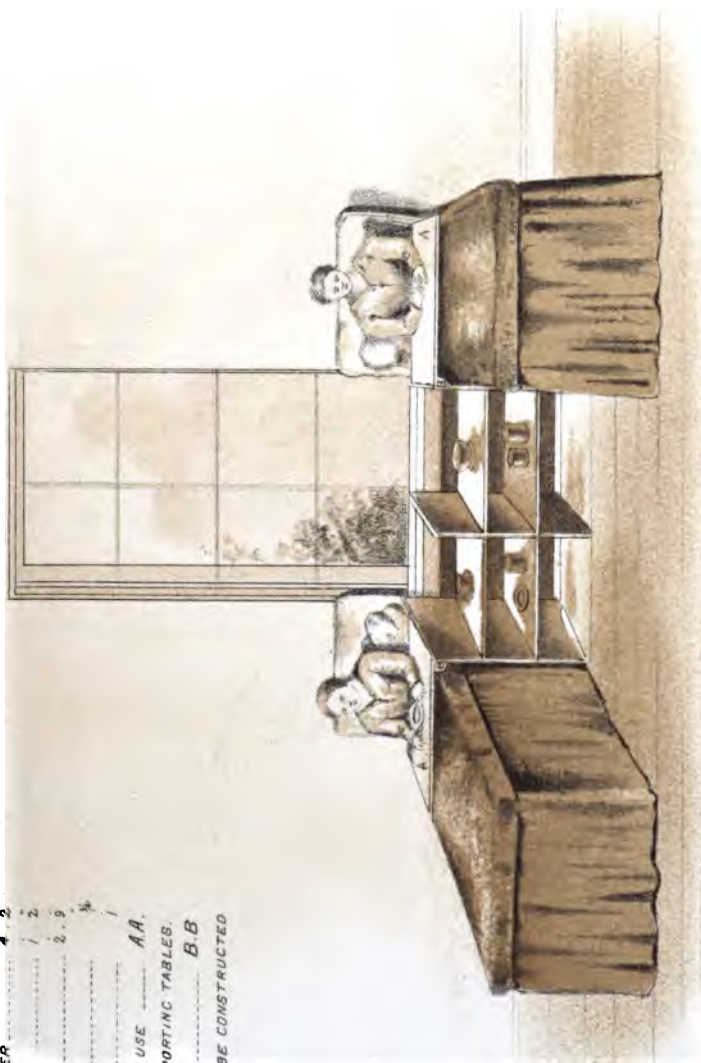
HANHART LITH

SCALE OF THREE INCHES TO THE FOOT.

Open Locker for Hospital
Forming two Bed tables when open and when closed Covering-Locker.

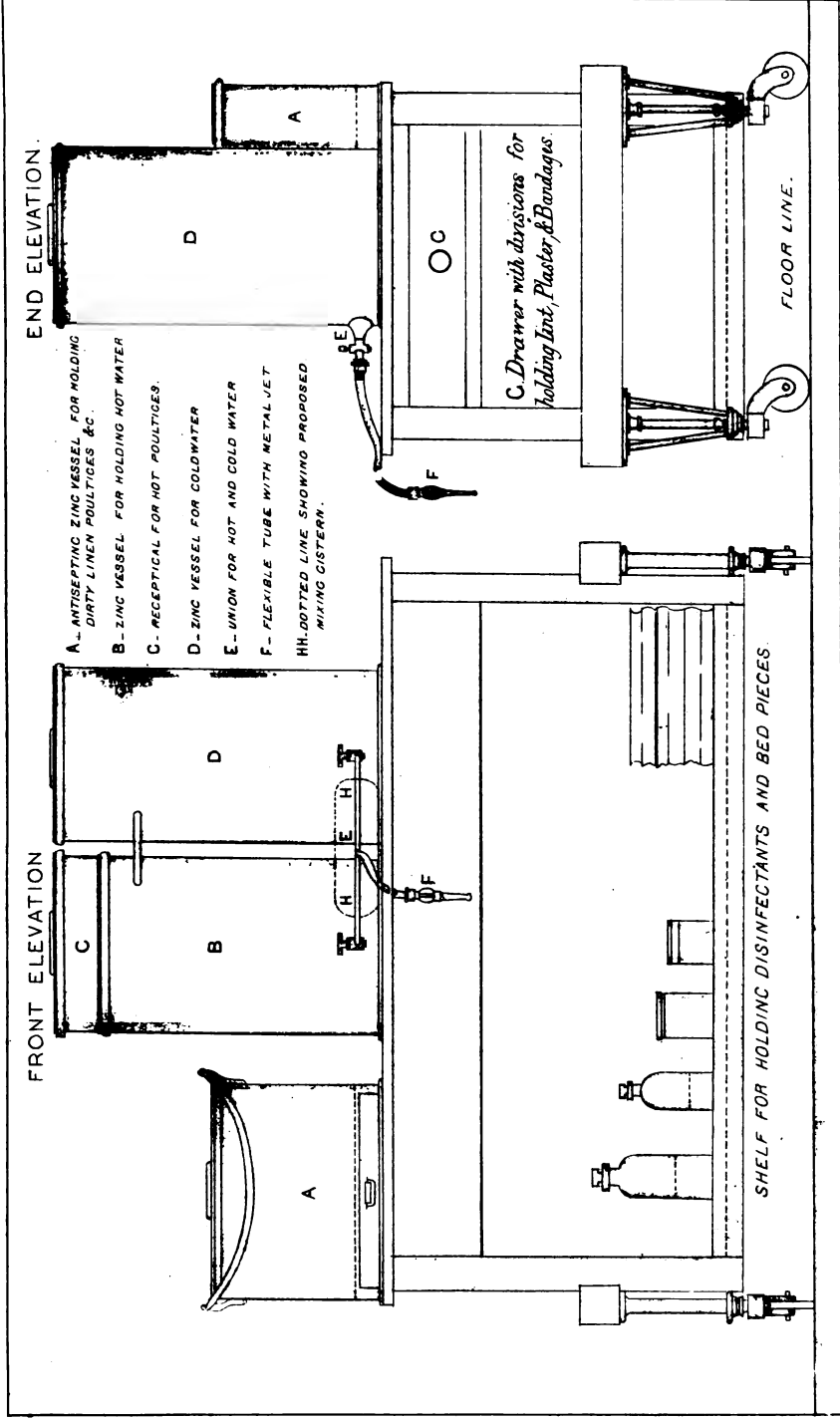
EXPLANATION.

LENGTH OF LOCKER 4' 2"
 WIDTH OF LOCKER 1' 2"
 HEIGHT OF D^o 2' 9"
 SHELVES OF D^o 1
 ENDS AND TOP 1
 TABLES WHEN IN USE AA.
 BLOCKS FOR SUPPORTING TABLES
 WHEN IN USE. BB
 THE LOCKER TO BE CONSTRUCTED
 WITHOUT A BACK.



MOVABLE HOSPITAL WACCON FOR DRESSING WOUNDS.

PLATE N° IV



SCALE 7/8 OF AN INCH TO THE FOOT.

HANBART LITH

ADDRESS,

ETC.

GENTLEMEN,—The subject which I propose bringing before you this evening is one which has occupied the attention of our oldest surgeons and physicians, and has at the present day given rise to more controversy than any other subject which comes before the practitioners of our art. The amount of trouble and time which the late Sir James Simpson bestowed in order to investigate the causes of those most fatal of our hospital diseases—viz., hospital gangrene, pyæmia, erysipelas, &c., is amply illustrated by the marvellous number of statistics which he collected in regard to the mortality in maternity hospitals, in surgical hospitals, and in cottage hospitals, and the mortality of operations in private country practice. By these statistics he fully proved the disadvantages of collecting large numbers of sick people in one hospital.

The substance of his statistics was this: That in large metropolitan British hospitals, containing from

300 to 500 beds, the death-rate from limb amputations was 1 in 2·4.

In provincial hospitals, containing from 201 to 300 beds, 1 in 3·5.

In provincial hospitals containing from 101 to 200 beds, 1 in 4·4.

In provincial hospitals containing from 36 to 100 beds, 1 in 5·6.

In provincial hospitals containing 35 beds or under, 1 in 7·1.

In British private country practice, with the patients isolated, 1 in 9·2.

From these data Sir J. Simpson established the general fact in regard to hospital hygiene, that the death-rate accompanying amputation of the limbs is regulated in a great and marked manner by the size of the hospital.

If, then, it is a fact that about three times as many patients die after limb operations in our large hospitals as die after similar operations in our country practice, it is evident that it is our duty in the future to build hospitals on a smaller scale, or altogether to isolate our cases of operation. As such a course, however, is practically impossible in the present day, it behoves us to see what remedies are likely in our existing hospitals to check those horrid diseases to which all hospitals are more or less liable, and which I have before enumerated to you.

I suppose no one would doubt the advisability of

isolating cases after operation, if it were in his power ; but when we consider the enormous charities our hospitals are, the amount of wealth they represent, even by their bare walls, the staff of officials necessary to work these institutions, and the aggregation of supplies for the maintenance of the occupants, and that this would have to be broken up, disintegrated, and spread over a large area, the difficulties, almost impossibilities, of such an undertaking become apparent.

In carefully reading over the writings of Sir J. Simpson on this subject, I find that he offers no remedy, except that of isolation, and he speaks of the building of a new model obstetric hospital in the following words :—"I hold that it should not be large, should be built cheaply, and with temporary rooms and wards, and should be a structure like the Lock, Fever, and Small-pox Hospitals, separated from the other hospital buildings." Sir James is strongly opposed to maternity hospitals. This objection, in their present form, holds with equal force against surgical hospitals ; but as we cannot well do without either, we must give them the best possible form and structure.

Now every member of our profession will agree in the necessity for reducing the death-rate in our hospitals, yet, at present, the means for effecting this object are very few, and are such as go little beyond the knowledge of our fathers. When I say this I do not for one moment wish to slur over the work of

those scientific men who have added much to the improvement of the conditions of certain hospitals, but I am afraid, that if we compare the death-rate in our large hospitals now, with that which I have given you, taken by Sir James Simpson, we shall find little difference.

In order to improve the condition of our present hospital system I have attempted, and with, I hope, a certain amount of success, although small, to add something to the means for preventing hospitalism, and those diseases which arise from overcrowding.

Although ventilation, free admission of air, and a sufficient cubic space to each patient appear to be remedies for our great hospital evils, yet experience proves that these are wholly insufficient for the purpose, and that an attack of hospital gangrene, sloughing of wounds, &c. will occur without our seeing any obvious cause for it.

The question, then, has come to me, as it has come to many of my brethren, whether by the admission of a larger amount of air, or by having a fewer number of patients in a given space, this trouble might not be overcome. But this has not the desired effect. The origin of the condition, called by Sir J. Simpson Hospitalism, is to be sought for amongst different causes than imperfect ventilation and overcrowding.

Take it for granted that each patient has a proper allowance of pure air, admitted by means of a systematic ventilating arrangement, and that, after it has

been used, it is permitted to pass out through proper channels, are we to suppose that the whole of the air, which is altered, contaminated, and surcharged with effete materials from the body and wounds of patients, and from the particles of the bedding, clothes, &c., is got rid of by these channels? There is little doubt, I think, that although much noxious matter is carried off by this means, yet a great deal becomes residual.

The floors, walls, and furniture of a ward are the means of absorbing, retaining, and giving off these morbid atoms. In this way a fruitful hotbed of organic material is laid up, which only requires heat, moisture, and septic germs, to produce an outbreak of our dreaded enemies. Again, when once we have the materials of these diseases in action, the surgeons, nurses, dressers, &c., readily propagate the mischief. If these are some of the causes of the outbreak and spread of disease amongst our surgical patients, it is surely quite possible to find remedies for at least some of them. It is, I believe, by taking the apparent causes in detail, and attempting to apply a remedy for each, that we shall be able greatly to improve the hygienic condition of our wards, and to mitigate the virulence, and prevent the spread of pyæmic disease.

Mr. Maunder, assistant-surgeon to the London Hospital, gives an account of an outbreak of hospital gangrene which occurred there in 1863, and which originated in the case of a young woman who had an unhealthy sore on the dorsum of the foot, and

this one case also gave rise to sloughing of wounds, erysipelas, &c., in other patients. Speaking of hospital gangrene, he says, "I incline, however, to the belief that it may take origin in two ways, either in a vitiated atmosphere, independently of the constant presence of any *materies morbi*, and that a wound affected by this former assumes certain characters, which we designate hospital gangrene, and becomes at once a fruitful source for the propagation of the complaint either by direct inoculation (by careless attendants, for example), or by the atmosphere taking up and depositing upon a previously healthy wound, the germs of the disease now produced. Secondly, the disease may be introduced from without, as exemplified in the person of the female supposed to have been admitted with the disease upon her, and who thus gave origin to a scourge from which scarcely any surgical ward in the hospital has been exempt."

Mr. Liddle, in his report on the sanitary condition of the London Hospital in 1867, says, "Deaths from pyæmia are of frequent occurrence." In the chemical lectures and reports published in 1866, and prepared by the medical and surgical staff of the hospital, it appears that in twenty cases of amputations of the thigh, seven died from pyæmia, and two more deaths are recorded from the same disease, after other operations. The cause of this great mortality is ascribed to defective sanitary arrangements. I do not wish for one moment to imply that the condition of the London

Hospital now is such as was described in 1866 but I wish to call your attention to the fact, that from 1863 to 1866, hospital gangrene, pyæmia, &c., existed in this hospital; and from the known position of the hospital staff, we have every reason to believe that the members composing it would have used all known means to stop the scourge.

In 1866 there was a discussion before the British Medical Association on the origin of pyæmia, and there the theory that pyæmia was the result of the absorption of pus into the blood was to a great extent negatived; the discussion being carried on by Professor Bennett, who "hoped for a more sound and definite pathology than then existed;" and by Dr. Stokes, who asserted "that the disease was not produced by any influence of the air of an hospital, as patients were brought into the Dublin hospitals with the symptoms already developed." Later in the discussion, Mr. Henry Lee said, "that perfectly healthy pus could be injected without inducing disease, but that decomposition rendered the purulent matter active as a poison."

In 1867, Mr. Lister, then Professor of Surgery in the University of Glasgow, read a paper before the British Medical Association, on the antiseptic principle in the practice of surgery, and in that paper he brought forward the views which Pasteur had elucidated by his researches—viz., that the septic property of the atmosphere depended, not on the oxygen, or

any gaseous constituent, but on minute organisms suspended in it. The result of these vital organisms coming in contact with the discharges from open sores, wounds, &c., is to produce decomposition, and a poison is generated which produces those fatal effects, the opprobrium of surgery.

I am well aware that there is another theory, advocated by Messrs. Joly, Pouchet, and others, indicating that the action of all antiseptics is simply that of preserving organizable matter from becoming putrescent; in fact, Dr. J. B. Wolfe, of Aberdeen, who evidently had made many experiments on the use of carbolic acid, in 1864, held to this view. Professor Paget relates some remarkable cases which are said to militate against Pasteur's doctrine, for Paget says, "The best results in cases of pyæmia were in patients that had been kept day and night in a current of wind." Dr. Wolfe assumes from this, that it is not the atmosphere fraught with sperms or sporules that acts deleteriously, but rather the contaminated hospital air which commits such havoc upon wounds, against which the carbolic acid is a valuable protector and modifier.

In a brief paper of this kind I do not wish fully to enter into the discussion as to the nature of hospital gangrene, pyæmia, erysipelas, &c., but only to call your attention to the fact that these diseases, and their fellows, occur in overcrowded localities, and in our crowded and ill-ventilated hospitals; and I

wish you to remark that in the preceding discussions as to the nature of these diseases there are two distinct causes which seem to be evident. First, ill ventilation; second, multiplication of organizable germs, and consequent contagion.

Now, however much we may be inclined to adopt the views of Pasteur on the one hand, or Joly and Pouchet on the other, yet when we go a little further and consider the effects of Professor Lister's antiseptic treatment on surgical cases, we must be struck with the immense boon to mankind such a system is; for Lister states that, previous to the introduction of his antiseptic plan, "the two large wards in which most of my cases of accident, and of operations are treated, were amongst the unhealthiest in the whole surgical division of the Glasgow Royal Infirmary, in consequence, apparently, of those wards being unfavourably placed with reference to the supply of fresh air; and I have felt ashamed, when recording the results of my practice, to have so often to allude to hospital gangrene or pyæmia." "But since the antiseptic treatment has been brought into full operation, and wounds and abscesses no longer poison the air with putrid exhalations, my wards, though in other respects under precisely the same circumstances as before, have completely changed their character; so that during the last nine months not a single instance of pyæmia, hospital gangrene, or erysipelas, has occurred in them."

My object then, Gentlemen, is to advance still further those principles which Professor Lister has so fully tested in regard to wounds, &c. I am anxious, as far as is possible, to apply an antiseptic process not only to wounds, sores, &c., but to the hospital building itself, its walls, floors, ceilings, furniture, nay, even to the air which it contains.

Sir J. Simpson, in his second proposition on this subject, says—"Hospitals seem generally much more healthy when first built than after they become used a few years;" and he gives statements made by Mr. Liston, Mr. Potter, and Professor Munro, to prove this; and Dr. Parkes, in his work on Hygiene, states that "when hospital erysipelas has once appeared in a ward, nothing will avail except complete clearance of the ward, scraping the floors, and often the walls, limewashing, and thorough fumigation with chlorine and nitrous acid alternately." Such being the case, it shows that the floors, walls, &c., of a hospital, after continued use absorb a material which leads to the outbreak and spread of these kinds of disease; it behoves, therefore, to apply to them such a material as will be non-absorbent and yet readily cleaned. The substance which of late years has been so much used for the walls of hospitals and large buildings, is Parian cement. Now although this answers admirably to cover small surfaces, yet on large surfaces it is comparatively useless. No doubt the surface which it actually covers is rendered non-absorbent,

but, owing to its great want of elasticity, it becomes covered with large numbers of minute cracks which afford lodgments for all noxious material floating in the air. When these Parian walls are cleaned, the surface matter as it is washed down enters the cracks, and thus forms an organic nidus for the propagation of a poison. The best method, I believe, of rendering the hospital walls and ceilings non-absorbent, is to have them painted on a smooth surface with several coats of paint; then well rubbed down, and after applying a final coat of paint, well varnished.

From the observations and the practice of Professor Lister it has seemed to me that the best antiseptic material to be used in destroying the lowest forms of organic life, is carbolic or phenic acid; and if this substance has the effect of checking decomposition, and preventing the multiplication of organisms during the process of fermentation, by immediately destroying the life of these organisms, then we have a remedy which can be applied as well to check decomposition and fermentation in the deposits of organic material on the walls, floors, &c., of the hospital, as we have in checking the same action in wounds, &c.

But our object is, not only to neutralize the effect of decomposing organic material when it is deposited, but to prevent, as far as possible, its deposition.

I just now mentioned that painted and highly varnished walls present the best non-absorbent sur-

face ; but many hospitals are in the position of having walls covered with Parian cement, and yet the authorities do not feel justified in incurring the expense of stripping off this covering and replacing it with another.

Hard paraffin is a white, solid, volatile substance, very like white wax, and its affinities are so feeble that it has derived its name from this peculiarity. It melts at a temperature of 110° , and may be distilled at high temperatures without undergoing change. It is not affected by the strongest acids or alkalies, even with the aid of heat ; it is soluble in paraffin oil, and turpentine. My friend Major Parsons, F.R.S., of the Royal Engineers, suggested to me the use of this material to prevent absorption ; and acting upon this hint, I have applied it in various ways to wood and other substances. In the case of Parian walls cracked as I have described, a solution of paraffin, either in turpentine or paraffin oil, thoroughly applied to the walls with a brush, will entirely fill up the cracks : the solution is greatly improved by the addition of a small quantity of carbolic acid. The same principle is applicable to the floors and furniture of hospitals ; but the practice which usually obtains in hospitals, barrack-rooms, and even in private dwelling-houses, is what might be called the moist system of cleanliness ; and in summer and in winter, in the evening and in the morning, in season and out of season, the floors are deluged with buckets

of water, very ineffectually scrubbed, very ineffectually dried, and in winter-time frequently remain wet for twenty-four, or even forty-eight hours. Now as the floors in this country are as a rule very badly laid, this wetting and scrubbing process drives all organic material in a moist condition into the interstices. Dr. Parkes says, in speaking of erysipelas as a hospital epidemic, "Moisture of the floors causing constant great humidity of air, has also been supposed to aid it."

Taking this view of the case, cleansing by washing is of all things the most noxious, and the more it can be done away with the better. I have tried, and found to answer very well, the following process for rendering wood non-absorbent. A certain quantity of hard paraffin is first melted in an iron or earthenware vessel, and whilst hot is painted over a portion of the wood, and then is ironed into it with a box-iron (see Plate I.) heated from the interior by burning charcoal. The paraffin in this way is driven by the heat into the wood to a depth of something like a quarter of an inch, and a surface of paraffin is thus procured. The whole floor is prepared in this way, a bit at a time, and the superfluous paraffin is scraped off with a piece of iron-hooping; the floor is then brushed with a weighted hard brush, and a perfectly non-absorbent, glossy surface is the result. Such a preparation of the floor as this will last for years, and the oftener it is brushed the better the surface obtained. After

brushing in order to put the finishing polish, a little of the solution of paraffin in turpentine should be rubbed on. The floor looks very much like a waxed "Parquet Floor," but it is not sticky, requires no re-application of the material employed, and scarcely any fluids spilled on it will affect its surface. Should any discharge be spilled, it can be wiped up without leaving anything behind. It was said that the slipperiness of the floor would be a great disadvantage, but it has not proved so; for with care, the use of list slippers, and crutches covered with a piece of rug or flannel at the ends, no slipping occurs. To cleanse the surface of these floors, they should be rubbed over once or twice a week with a moist cloth, and then brushed with the hard-brush. The wooden furniture, such as tables, chairs, &c., should be either painted and varnished, or else painted with paraffin dissolved in turpentine.

When floors are laid especial care should be taken that the planks of which they are composed be jammed up closely together, and they never should be permanently nailed down till they have been placed a year or more. The planks should be oak, the smaller, in reason, the better. Existing floors, although in very bad condition, can be made available by caulking, planing, punching in the nails, filling the holes, and then applying the paraffin. Should the floor be of pine it can be operated upon in a similar way, but previous to applying the paraffin it should be stained the colour

required with oak staining; this, of course, has nothing to do with rendering the floor non-absorbent, but only has the effect of improving its appearance.

If, then, the walls, floors, furniture, &c., of a ward are rendered non-absorbent by the processes just mentioned, the next point to consider is the air of the Hospital, and how to keep it pure. I have before mentioned that the air used in a ward gradually becomes charged with organic matter, septic germs, &c., which we never get rid of as long as the sources from which they are derived remain. It requires, in order to displace the residual air, a greater force in the current of circulation than we are able to accomplish whilst the patients are present. To effect this object it would be necessary to remove the patients from the ward at certain times in the year. Experience only can show the proper number of times required, but I would suggest at least twice.

It remains, then, that all the morbid poisonous and effete matter which cannot be got rid of by ventilation should be neutralized and rendered innocuous by the use of such antiseptic materials as destroy these products.

Professor Tyndall has directly brought to our notice the fact of the existence of innumerable particles of organic matter floating in the air, and if any here present have had the opportunity of witnessing the experiment of illuminating dust in a glass tube, they will not wonder at the effect which such a mass

of organic matter, liable to decomposition, is likely to produce. Dr. De Chaumont has made some experiments in order to ascertain the amount of floating matter in hospital air, and I believe that he found all kinds of organic substances, such as fibres, spores, and germs of various kinds. He will pardon me, I hope, if I am not correctly stating the result of his experiment, as I am unable to lay my hand upon his paper; but I think that, in addition to the substances I have mentioned, he found pus cells and various other cellular bodies.

If the air in the process of ventilation be allowed to pass over a surface soaked in a solution of carbolic acid, the air is rendered drier, and animal decomposition is to a great extent checked. I have invented a small apparatus (see Plate II.) which can be readily introduced into the ventilating apertures which are ordinarily used in ventilating Hospitals. It consists of a shallow square trough, having at each of its four corners a metal upright, on which a metal roof is placed; from this roof two metal plates are suspended $4\frac{1}{2}$ inches in depth. Two metal frames 9 inches in height, to each of which is attached a piece of house-flannel, are placed vertically in the trough alternately with the metal plates. The metal plates are 4 inches apart, and the frames the same, so that an interval of 2 inches exists between each plate and each frame. The size of the whole apparatus is, the height 9 inches, the width 8 inches. When the

trough, which holds about 20 ounces, is filled with fluid, the flannel, which should be previously wetted, takes up the fluid from the trough by capillary attraction, and remains wet until all the fluid has evaporated.

When this apparatus is in the ventilating aperture, the air first strikes the moistened flannels, and some passes through them; some passes over, and comes in contact with the metal plates, which direct it downwards to the surface of the fluid, and thence it enters the room, charged with whatever material the trough may contain. Plate II. will explain more clearly the course which the air takes, and how it becomes charged before it passes out of the apparatus. I have found this apparatus expose a sufficient surface to permit a loss by evaporation of 4 ounces in every 24 hours at an average temperature of 57° to 60° . This thoroughly impregnates the air of a room 12 feet by 10 and 11 feet high, with the odour of carbolic acid, the strength of the solution used being 1 part of acid to 20 parts of water.

I take this opportunity of mentioning that the various experiments which I am about to describe were carried on at the Ordnance Office, Southampton, with the kind permission of General Sir H. James, R.E., F.R.S., who on all occasions is most ready to help on the cause of Science. The carefully prepared tables and drawings which I submit for your inspection, were made by Quartermaster-Sergeant Downing, R.E., by whom the experiments were conducted.

The experiments commenced on April 8th, 1870, in two rooms. (See Table I.) In one room all the apertures were closed except the chimney and a ventilating aperture in which was placed the apparatus I have described. The second room was placed under similar conditions, but without the apparatus. A fish was placed in each room, also a wet and dry bulb thermometer; readings of these were taken at the same hours every day for twelve days, and the condition of the fish watched and noted. Readings were also taken of wet and dry bulb thermometers in the open air, and the results recorded in Table I. were arrived at.

From a consideration of these readings it will appear that the means of the readings of the dry and wet bulb thermometers in the carbolic acid room were, for the dry 51·7, and for the wet 48·0, the mean difference being 3·7. In the room without the carbolic acid the means of the readings of the dry bulb were 48·8, of the wet 47·1, the mean difference being 1·7. This shows that the carbolic acid had the effect of rendering the atmosphere in the room operated upon drier by 2° than the other. The fish also indicates the same fact, for from the remarks in the Table you will see that the fish in the carbolic acid room day by day became drier, shrunk, and lost its smell; whereas the fish in the other room smelt sour, became damp, sticky, and at the end of the experiment is noticed as being very damp, with a slimy covering. I thought that the carbolic acid room

being on the ground-floor and the other being in the basement and ten or twelve feet below, it was quite possible that this was the cause of the difference of moisture in the two rooms; and therefore, on May 3rd, 1870, I commenced another experiment. (See Table II.) Two rooms on the ground-floor of the observatory at the Ordnance Survey Office were kindly placed at my disposal by Major Clarke, R.E., F.R.S., and one room as before was fitted up with the carbolic acid ventilating apparatus, the other merely closed. A mackerel and a piece of mutton were placed in each room; readings of the thermometers were taken, and the conditions of the fish and mutton watched as before. The experiments lasted from May 3rd to 10th, and the means of the readings of the thermometers were, in the carbolic acid room of the dry bulb 54·4, of the wet bulb 49·4, difference 5·0. In the other room the means of the readings were, of the dry bulb 54·8, of the wet bulb 51·4, difference 3·4; so that again this experiment showed that there was a difference of nearly 2° of moisture in the two rooms, the carbolic acid room being the drier. The condition of the mackerel and the mutton day by day, plainly showed that in the carbolic acid room decomposition was checked, organic matter became dry, and that in all probability organic germs were prevented from developing; in the other room after the third day the fish and the mutton began to smell and decompose, until, on the sixth day, animal life developed in the fish, and the mutton smelt sour; whilst in the

carbolic acid room, though the fish smelt strong the mutton remained sweet, and at the close of the experiment was fit for human food; the fish was dried but not eatable.

A further experiment was made in the same two rooms, beginning the 13th May, 1870 (see Table III), and terminating on the 20th, without the carbolic acid apparatus being employed. The dry and wet bulb thermometers were read as before, and the means of the readings in what previously was the carbolic acid room were, of the dry bulb 58·7, of the wet bulb 54·7, the difference 4. In the other room, the dry bulb 59·1, the wet bulb 55·5, difference 3·6, showing a difference in the moisture of the two rooms of only four-tenths of a degree. This last experiment conclusively proved that the difference of the moisture in the two rooms during the progress of the two first experiments was due to the carbolic acid.

Another effect which the apparatus has upon the air admitted is to purify it, by stopping large quantities of organic matter which collect on the flannel and would otherwise enter the ward. At the end of six days, when all the solution is evaporated, it is very easy to cleanse the flannel by soaking it in water before readjusting it.

I do not think it necessary to use this apparatus constantly in every ventilating aperture, but I think according to the condition of the ward and the amount of carbolic acid required for its purification,

so the number used should be few or many. It may be said that carbolic acid vaporized is likely to prove injurious to the patients inhaling it, but in the diluted form in which it is thus prescribed for respiration I do not think it can be injurious. In fact I myself am constantly in the habit of inhaling diluted vaporized carbolic acid whilst dressing wounds; the nurses also inhale the spray and, in addition, have their hands continually soaked in solutions of it of moderate strength, without any injurious effect being perceptible.

Another source of contamination in hospitals is the plan of permitting patients to bring and wear their own clothes. Their dirty garments are in many hospitals allowed to be placed in lockers or cupboards by the bedside, and to be used by the patients when sufficiently convalescent to move about the ward. The effect of an accumulation of dirty clothes in a confined space was well exemplified by an incident related to me by Lieut.-Colonel Stretton, who a short time since commanded a regiment of Hampshire militia. He said that when the men were called out for their periodical training they were stripped of their civilian clothes and a suit of uniform lent to each man for the time of his training. The militia-men's dirty civilian clothes were made into bundles, and after being properly docketed were placed round a room arranged for that purpose. This room was also made an office for the quartermaster-sergeant and his

assistant, who after inhabiting it for a few days fell sick. This occurred again and again, and others who supplied the places of the sick men also became ill. Upon this the authorities were convinced that though the clothes in themselves did not contain any infectious or contagious disease, yet their accumulation generated a material which begat disease.

If such then be the effect of a large quantity of dirty clothes collected in one place, it is apparent that a smaller quantity, although not productive of so much harm, yet is one of the elements which leads to disease. The better plan then would be to banish the patients' own wearing apparel from the wards, and furnish each patient with a warm hospital suit of clothes made of washing materials. When each patient leaves, the suit can be thoroughly cleansed, and will then be ready for further use.

In almost all hospitals there are cupboards or lockers of some sort, intended for the use of patients in their respective wards; these no doubt are of great convenience to the patient himself, but they are the means of harbouring and conveying disease from one to the other. The places allotted for keeping the necessary effects of a patient should not be closed. A closed locker, besides being a receptacle for all kinds of contraband articles which friends injudiciously bring to patients, becomes dirty and offensive, simply from the fact of its being out of sight and therefore out of mind, and little likely to be interfered with by the

visits of criticising officials. The form of locker which I would suggest as being the most useful and the least objectionable is such a one as is given in Plate III.

It should be made of well-seasoned oak, covered with a solution of paraffin, the top being hinged at each end, and divided in the middle; this would permit of its being turned over, and when supported by a bracket on either side would form two bed-tables. If oak is not used, red pine paraffined is the best substitute. A locker so made is very easily cleansed, and at the same time provides bed-tables for those who are confined to their beds by injury or disease, and yet are able to feed themselves. Bed-clothes are perpetually soiled and dirtied by food and drink which is accidentally spilled; at the same time the patient is put in the most uncomfortable position possible for eating if his nourishment is placed on a level with his legs. The bed-table in a great measure obviates these inconveniences.

In 1869 the surgical staff of the Royal South Hants Infirmary, composed of Dr. Lake, Mr. Reeve Shorto, and myself, had to report an outbreak of hospital gangrene with which the surgical wards were visited; and after giving the matter their serious consideration they presented a report to the Committee of Management, stating the means they thought it advisable to adopt to check this disease, and if possible prevent its recurrence. After ex-

pressing their belief that the continued use of a ward causes its walls, floors, furniture, and bedding to become soaked with morbid matters, the result of cutaneous and other exhalations, they suggested that there were other causes of a subsidiary character which were concerned in the spread of such diseases. They divided their report into three parts; and they considered that the conditions which were conducive to disease were to be found,—

First, in the ward proper.

Second, in the ward contents, such as bedding, &c.

Third, in the nursing.

I have already mentioned the suggestions which relate to the first of these divisions—*i.e.*, with regard to the ward proper. In the second division, which treats of the ward contents, they strongly recommended and considered absolutely essential that the non-washable parts of the bedding, such as the mattresses, &c., should be efficiently protected by a waterproof material, which should be periodically inspected and reported on by an official; and that the washable parts of the bedding should be renewed for each case. Other details which would come under this head I have considered before.

With regard to the third division of the subject they considered the question of nursing a most important element in maintaining the sanitary condition of a ward, and I have added for inspection the Rules they then drew up for nursing.

Whilst considering this part of the subject I must draw your attention to a disinfecting apparatus which they at that time recommended to be used in the dressing of all wounds. (See Plate I.) It is a steam spray apparatus, called Adam's Inhaler, and ordinarily employed for throwing a jet of medicated spray down the throat; and during the dressing of wounds this was ordered to be played on their surfaces. I specially call your attention to this now, because Professor Lister, in his antiseptic treatment of wounds, has since recommended the use of carbolic acid spray. I may here mention that the dressing of wounds in the Royal South Hants Infirmary is conducted almost entirely on Professor Lister's antiseptic plan. Dr. Lake has invented a waggon (see Plate IV.) which contains all the materials for dressing wounds, with reservoirs for hot and cold water, and the means of irrigation; this can be moved readily from bed to bed whilst the process of dressing is going on. The waggon has two vessels, made of metal, and holding from ten to fifteen gallons each; one contains hot water, and has at the top a receptacle in which poultices are kept hot. The hot and cold water vessels are united at the bottom by means of a tube with two stopcocks, which when turned will permit either the hot or the cold water to flow separately or to mix before entering a flexible tube, which is attached between them. The flexible tube is about six feet in length, with a metal rose-jet at the end

and a stopcock on the jet. This arrangement allows the water to be conveyed directly to the wound, and a basin being placed under it, the stopcocks when turned permit the water to flow, and so irrigate and wash away all discharges into the basin beneath. This obviates the necessity for using sponges, tow, &c., and consequently the impure water never comes in contact with the wound. For the reception of all soiled bandages, dressings, &c., there is another metal vessel, with a false bottom perforated to allow some disinfecting gas to ascend from a drawer beneath, which is filled with a disinfectant. At the end of the waggon is a drawer containing lint, bandages, &c., and at about six inches from the ground is a shelf to hold lotions, bed-pieces, and other necessities. The whole runs freely on four small wheels attached to the legs. This apparatus answers its purpose admirably, with one exception—viz., that the hot and cold water do not mix as satisfactorily as could be wished; and to obviate this a reservoir, holding about a gallon, might be placed between the hot and cold water stop-cocks. The Surgical staff also recommended that all the chamberpots, night-stools, &c., should be provided with metal or earthenware covers, and have some disinfectant constantly kept in them, unless otherwise ordered.

Now, Gentlemen, I am sorry that within the limits of this paper I am not able to give you the detailed

Report drawn up by the Surgical staff in reference to the hygienic conditions of the Royal South Hants Infirmary; but I have endeavoured to indicate to you the direction in which their minds were carried when making this Report, and it only remains for me to point out the results which have arisen in the hygienic condition of the Royal South Hants Infirmary from carrying out some of the suggestions made in it.

In 1869 the attack of Hospital gangrene was such that for many weeks the surgeons performed only those operations which were immediately necessary, and in a small ward containing five beds, where the attack first broke out, the other wounds assumed an unhealthy appearance. This ward was cleared out, paraffined, caulked, and cleansed; and there has not occurred a case of hospital gangrene or pyæmia in it since. In 1870 there were two cases in the lower Eyre-Crabbe ward, which was treated in a similar manner, with like results. All the wards in the hospital are now paraffined, and the amount of washing and scrubbing required is confined to the staircases and passages.

I must here mention the fact that, in the latter part of 1871, the drainage of the Royal South Hants Infirmary was found to be radically wrong; this has since been remedied; but I must call your attention to the fact that the improvement in the sanitary condition of the hospital took place previously to,

and not in consequence of, the alterations in the drainage.

I had hoped to have been able to consider the question of drainage and of ventilation more in detail. I was also anxious to show that many conditions which are evils in hospitals are equally evils in private houses, and might be remedied to a great extent in a similar way; but I have already trespassed too long on your time and patience. Therefore, Gentlemen, in conclusion let me call your attention to a summary of what I have endeavoured to express in this paper.

First: That it is impossible to localize individual cases, unless our large hospitals are pulled down and new ones erected.

Secondly: That to improve the hygienic condition of our hospitals it is necessary—

1. To render the walls, floors, ceilings, furniture, &c., non-absorbent.
2. That the wards be cleared out once in every six months, and remain empty at least for a week.
3. To admit air as pure as possible, and keep it so by the use of an antiseptic purifying process.
4. To have the drainage rendered so perfect, that no back current can pass through the traps of the closets, sinks, &c.
5. To employ such a method of dressing wounds as will render the putrefactive process

impossible, and prevent the development of septic germs.

6. To have all clothing, alvine evacuations, &c., disinfected as soon as possible.

7. To prevent the contamination of one patient by another, and the conveyance of poison germs by the attendants.

If these suggestions have the effect of inducing hospital authorities to adopt such measures as will check or prevent the scourge to which all hospitals are more or less liable, then, Gentlemen, the time which we have spent this evening will not have been spent in vain; but something will have been done towards the attainment of that object which is the goal to which all true professional ambition points—the relief of suffering humanity.

TABLE I.
Register of Hygrometers at O.S.O. Southampton.

Date 1870.	Hour.	Hygrometer in room with stone pavement on ground floor.			Hygrometer in basement with stone floor and about 9 feet below ground floor.			Hygrometer exposed to outside atmosphere.		
		Dry Bulb.	Wet Bulb.	Diffr.	Dry Bulb.	Wet Bulb.	Diffr.	Dry Bulb.	Wet Bulb.	Diffr.
April 8	3-30 P.M.	51·2	47·8	3·4	48·0	46·3	1·7	52·8	46·7	6·1
" 9	9-30 A.M.	49·8	46·7	3·1	47·4	46·1	1·3	48·9	45·8	3·1
" 9	3-30 P.M.	49·5	46·0	3·5	47·6	46·2	1·4	48·1	44·5	3·6
" 11	9-30 A.M.	48·1	44·8	3·3	46·9	44·9	2·0	51·3	43·7	7·6
" 11	3-30 P.M.	50·1	45·9	4·2	48·0	45·8	2·2	56·1	45·8	10·3
" 12	9-30 A.M.	48·5	45·2	3·3	47·2	45·4	1·8	47·2	43·9	3·3
" 12	3-30 P.M.	50·5	46·7	3·8	48·0	46·0	2·0	52·8	46·0	6·8
" 13	9-30 A.M.	49·9	46·8	3·1	46·4	46·0	1·4	52·2	46·7	5·5
" 13	3-30 P.M.	52·2	49·2	3·0	48·8	47·2	1·6	57·4	51·2	6·2
" 14	9-30 A.M.	52·2	49·6	2·6	49·1	47·9	1·2	56·4	51·0	5·4
" 14	3-30 P.M.	54·4	50·1	4·3	50·8	48·1	2·7	65·0	52·2	12·8

The fish experimented upon were small haddocks, and were suspended from the ceiling, about 5 feet 6 inches from the floor in each apartment.

Fish in upper and lower rooms smell decomposed.
Ditto, ditto, ditto.

" 16	3 30 P.M.	55.0	51.0	4.0	50.5	48.5	9.0	68.5	52.5	11.0	Fish in upper room getting very dry and shrinking. Smell not so strong. Fish in lower room smells sour, and has a damp feel.
" 18	9 30 A.M.	51.5	47.7	3.8	49.2	47.8	1.4	49.7	45.7	4.0	Same remarks as the above.
" 19	9 30 A.M.	53.4	48.8	4.6	50.8	48.4	1.9	60.7	50.9	9.8	Fish in upper room does not smell quite so strong. Still drying up; and is quite transparent, with a covering of what appears to be very thin crystals.
" 19	3 30 P.M.	55.4	50.8	4.6	51.2	49.3	1.9	64.2	53.0	11.2	Fish in lower room smells very sour, and feels damp and somewhat sticky.
" 20	9 30 A.M.	54.8	50.9	3.9	50.9	49.8	1.6	66.3	56.3	10.0	Fish in upper room getting still dryer. Carbolic acid all evaporated from cistern. In lower room the fish is apparently shrinking, but very damp, with slimy covering.
Means	. . . .	51.7	48.0	3.7	48.6	47.1	1.7	55.8	48.5	7.3	
Dew Point (from Mean Results) =				44.4			45.6			41.1	
Elastic Force of Vapour (Ditto) =				293			305			258	
Humidity (Ditto)				763			884			570	

TABLE I.

Date 1870.	Hour.	Hygrometer in room with stone pavement on ground floor.			Hygrometer in basement, with stone floor and about 9 feet below ground floor.			Hygrometer exposed to outside atmosphere.			REMARKS.
		Dry Bulb.	Wet Bulb.	Dif.	Dry Bulb.	Wet Bulb.	Dif.	Dry Bulb.	Wet Bulb.	Dif.	
April 8	3-30 P.M.	51.2	47.8	3.4	48.0	46.3	1.7	52.8	46.7	6.1	The fish experimented upon were small haddocks, and were suspended from the ceiling, about 5 feet 6 inches from the floor in each apartment. Fish in upper and lower rooms smell decomposed. Ditto, ditto, ditto.
" 9	9-30 A.M.	49.8	46.7	3.1	47.4	46.1	1.3	48.9	45.8	3.1	
" 9	3-30 P.M.	49.5	46.0	3.5	47.6	46.2	1.4	48.1	44.5	3.6	
" 11	9-30 A.M.	48.1	44.8	3.3	46.9	44.9	2.0	51.3	43.7	7.6	
" 11	3-30 P.M.	50.1	45.9	4.2	48.0	45.8	2.2	56.1	45.8	10.3	
" 12	9-30 A.M.	48.5	45.2	3.3	47.2	45.4	1.8	47.2	43.9	3.3	
" 12	3-30 P.M.	50.5	46.7	3.8	48.0	46.0	2.0	52.8	46.0	6.8	
" 13	9-30 A.M.	49.9	46.8	3.1	46.4	46.0	1.4	52.2	46.7	5.5	
" 13	3-30 P.M.	52.2	49.2	3.0	48.8	47.2	1.6	57.4	51.2	6.2	
" 14	9-30 A.M.	52.2	49.6	2.6	49.1	47.9	1.2	56.4	51.0	5.4	
" 14	3-30 P.M.	54.4	50.1	4.3	50.8	48.1	2.7	65.0	52.2	12.8	

" 16	3-30 P.M.	55.0	51.0	4.0	50.5	48.5	2.0	63.5	52.5	11.0	Fish in upper room getting very dry and shrinking. Smell not so strong. Fish in lower room smells sour, and has a damp feel.
" 18	9-30 A.M.	51.5	47.7	3.8	49.2	47.8	1.4	49.7	45.7	4.0	Same remarks as the above.
" 19	9-30 A.M.	53.4	48.8	4.6	50.3	48.4	1.9	60.7	50.9	9.8	Fish in upper room does not smell quite so strong. Still drying up; and is quite transparent, with a covering of what appears to be very thin crystals.
" 19	3-30 P.M.	55.4	50.8	4.6	51.2	49.3	1.9	64.2	53.0	11.2	Fish in lower room smells very sour, and feels damp and somewhat sticky.
" 20	9-30 A.M.	54.8	50.9	3.9	50.9	49.3	1.6	66.3	56.3	10.0	Fish in upper room getting still dryer. Carbolic acid all evaporated from cistern. In lower room the fish is apparently shrinking, but very damp, with slimy covering.
Means	. . . .	51.7	48.0	3.7	48.8	47.1	1.7	55.8	48.5	7.3	
Dew Point (from Mean Results) = 44.4											
Elastic Force of Vapour (Ditto) = .293											
Humidity (Ditto) = .763											
								. . . .	. . . .	41.1	
								. . . .	. . . .	.258	
								. . . .	. . . .	.570	

TABLE III.

*Hygrometric readings in Astronomical Observatory, Ordnance Survey
Office, Southampton, without Carbohc Acid Apparatus.*

Date 1870.	Hour.	Outer Room.			Inner Room.			Remarks.
		Dry Bulb.	Wet Bulb.	Difference.	Dry Bulb.	Wet Bulb.	Difference.	
13 May	9½ A.M.	55·6	52·8	2·8	52·2	52·5	2·7	The same Instruments were used and placed in the same position as when the Carbohc Acid was in operation.
" "	3½ P.M.	56·3	54·0	2·3	57·2	54·5	2·8	
14 "	9½ A.M.	56·3	53·3	3·0	55·7	52·6	3·1	
15 "	9½ A.M.	56·0	53·5	2·5	55·9	53·0	2·9	
" "	3½ P.M.	59·5	55·8	3·7	61·0	56·5	4·5	
16 "	9½ A.M.	56·9	54·3	2·6	56·7	53·7	3·0	
" "	3½ P.M.	58·0	55·0	3·0	57·9	54·2	3·7	
17 "	9½ A.M.	56·5	53·5	3·0	55·2	52·0	3·2	
" "	3½ P.M.	59·8	55·8	4·0	60·0	55·5	4·5	
18 "	9½ A.M.	60·2	56·0	4·2	58·0	54·0	4·0	
" "	3½ P.M.	64·2	58·5	5·7	64·0	57·4	6·6	
19 "	9½ A.M.	62·1	57·7	4·4	60·2	55·2	5·0	
" "	3½ P.M.	67·2	61·1	6·1	67·0	60·5	6·5	
Means.		59·1	55·5	3·6	58·7	54·7	4·0	
Computed from the Mean results of Dry and Wet Bulbs.		Dew Point.	Elastic Force of Vapour.	Humidity.	Dew Point.	Elastic Force of Vapour.	Humidity.	
		52·8	·400	·797	51·6	·383	·774	

APPENDIX.

ANOTHER PROCESS FOR RENDERING WALLS NON-ABSORBENT.

THE walls of hospitals or other buildings can be rendered non-absorbent by the following process:—

Very fine freshly-made Portland cement should be applied directly to the rough brick wall, and as the plasterer lays on the surface-coat of cement, he must well trowel it until it gets a surface as smooth as Parian cement, and as hard as polished marble. This surface, however, is absorbent; but if the solution of paraffin, dissolved in paraffin oil or turpentine (as described in the foregoing paper), be painted over it, the wall becomes as non-absorbent of all moisture as the floor prepared by the paraffin process. The one objection which I see to this method is, that the solution renders the surface darker and somewhat mottled. I have tried many kinds of pigment and staining to obviate this evil, but as yet without success.

OBSERVATIONS ON NURSING.

NURSING is one of the gifts granted to individuals, I may say, at birth, and it is impossible to make a nurse out of much of the material placed at the disposal of those who undertake to teach nursing. Many persons think they have the necessary qualifications because they wish to be nurses; but this does not follow. If we read what is required of a nurse-probationer before she even begins her instruction under the Nightingale Fund, it seems that to be a nurse almost perfection is required.

“ You are required to be sober, trustworthy, cleanly and neat, honest, punctual, patient, cheerful, truthful, quiet and orderly, and kindly.”

Such requirements seem almost to close the door to this most useful of occupations. But there are many found who amply fulfil the conditions laid down; and it is not in one class of society alone that we may look for efficient nurses, but in all classes, from the highest to the lowest. A girl of humble birth often has all the capabilities for nursing which you might expect from one of higher station or more advanced in life, and really carries out her duties with more intelligence than the matron.

Let me add a few hints to those about to become nurses: —

1st. With regard to dress.

This should be of a washable material, quiet, and free from all gaudy colours; on movement it should make no rustling, and should be of such length and dimensions as not to sweep the ground or run the risk of displacing bottles, glasses, &c. The shoes or boots worn should be without heels and not given to scrooping. At the same time a mincing attempt at silence on the part of the nurse is most trying to the patient, and should be strictly avoided.

In nursing infectious cases, all the outer garments worn in the sick room should be removed on going off duty, and if possible be hung in a chamber where they may be subjected to the influence of disinfectants. Woollen dresses should never be used. A Holland apron, with bib and sleeves which can be readily taken off, will be found very cleanly and convenient.

2nd. A nurse should be particularly strict in her personal attention to cleanliness. If she does not at once realize this necessity, she is not fit to be a nurse. After the dressing of each wound where several patients are placed under one nurse, the hands should always be dipped in some disinfectant and thoroughly dried. More mischief and propagation of disease is occasioned by neglect of this simple precaution than can possibly be imagined.

3rd. The demeanour of a nurse should be quiet, cheerful, and self-reliant. All boisterous haste, nervous trepidation, and undue noise should be avoided.

4th. Six hours on duty is the usual time fixed upon for nurses; but I think two periods of four hours each in the twenty-four hours, with an interval of two hours between them, is a much better arrangement, and one which does not tax the powers of the nurse too much. If this arrangement is made, one day out of every seven should be at the nurse's disposal when the disease from which the patient is suffering is infectious or long-continued. In private families, in severe cases, if none of the members of the family are available, two nurses should be employed, and that from the commencement of the illness. Too frequently the relations of the patient are worn out and exhausted before they think of employing a nurse. It is the duty of the medical man in attendance to point out the folly of such a proceeding.

5th. Nurses should always have their meals out of the sick chamber. They should invariably be permitted to take some exercise daily, in the open air, when fine.

6th. Nurses should see that all dirty linen, superfluous garments, and useless furniture are at once removed from the sick chamber. Utensils of every kind should be rigidly kept clean; those for the reception of *excreta* should have placed in them some

disinfectant, unless specially ordered otherwise by the medical attendant. Should he require the *excreta* to be reserved for his examination, a closely-fitting cover of metal or porcelain must be used, the vessel removed from the room, and placed, if possible, in the open air.

7th. The sick-room should be thoroughly cleaned and tidied up every morning by nine o'clock, unless it is advisable that the patient be left to sleep, which the medical attendant will order. Dusting is best accomplished with a damp duster, which, after use, should immediately be removed from the room. The floor from time to time must be wiped with a flannel dampened with some disinfectant. All scrubbing and the use of an undue quantity of water should be avoided.

8th. Patients should have their meals regularly and punctually; if the food be ordered hot it should be brought to the patient a little hotter than he can take it at once, to allow for radiation; if it be ordered cold, it should be brought direct from the larder. No food or drink of any kind, except perhaps some cooling drink which the patient requires constantly, should be kept in the sick-room; but if frequently required, it should be placed in a cool room adjoining. No food should be cooked long before it is wanted; it is best prepared in small quantities, when the patient can take but little at a time. Food should always be

served with neatness and in a cleanly way ; the patient is far more likely to take it than if disgusted by carelessness in this respect.

9th. The personal cleanliness of patients should be strictly attended to ; nothing is so common as to find old people refuse to have their clothes changed ; if this is permitted they become covered with vermin and victims of bed-sores, which no after amount of care will cure.

BYE-LAWS FOR NURSES,

Used at the Royal South Hants Infirmary.

1st. The day nurses shall go on duty at six o'clock A.M., and go off duty at eight o'clock P.M.

2nd. They shall have their wards cleaned up and make the beds of those patients who get up to breakfast by nine o'clock.

3rd. They shall be ready by nine o'clock, or as soon after as ordered, to attend the House Surgeon in seeing the patients in their respective wards, and in dressing those whose cases require it; and shall have at hand a proper supply of hot and cold water, disinfecting fluid, clean bandages, lint, plaster, and such other articles as are ordered by the House Surgeon.

4th. They shall see that each patient with a wound has a special basin, or basins, for his or her use.

5th. They shall see that all soiled bandages, bed-pieces, &c., are at once removed in the vessel provided for that purpose, after the House Surgeon has finished his visit.

6th. They shall then place the wards in perfect order for the day.

7th. They shall superintend the patients' meals, and see that after each meal the ward is again put straight.

8th. They shall immediately report to the Matron

any imperfection in the waterproof sheet placed to protect the mattress.

9th. They shall see that the covers of the night-chairs and chamberpots are used, and that all *excreta* are removed as soon as possible, excepting in cases ordered.

10th. They shall immediately report to the House Surgeon any imperfection in the water-closets, baths, or lavatories of their respective wards.

11th. They shall, on going off duty, write on a slate kept for that purpose definite instructions to the night nurses as to the special requirements of any patients, and shall every morning receive a report from the night nurse of anything which she has observed, and report the same to the House Surgeon, or the Physician or Surgeon in charge.

12th. The night nurses shall diligently carry out the instructions they receive from the day nurses, and report in the morning to them whatever of importance has occurred during the night.

13th. A slate shall be kept for the purpose in each ward, and they shall in going off duty write definite instructions.

General Instructions for Dressing Wounds on the Antiseptic Plan.—The nurse shall first set to work “Adam’s Inhaler,” and then directing the spray on the dressings, and also on the wound when exposed, shall use the irrigating apparatus to loosen the dressings, &c., placing beneath a basin to catch the dirty

water. After the dressings are removed the wound is to be thoroughly irrigated with a weak solution of carbolic acid, a small quantity being mixed with the water in the reservoir of the waggon for this purpose. The wound is then to be covered with a piece of properly prepared antiseptic skin, upon which, and overlapping it half an inch, eight layers of prepared gauze should be placed, and another piece of skin the size of the first; properly prepared antiseptic cotton should cover the whole, and be bound on by an antiseptic bandage. This is the plan recommended by Professor Lister.

THE END.

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